

WILMINGTON PUBLIC LIBRARY DISTRICT FREEDOM OF INFORMATION REQUEST

Requestor's Name (Or business name if applicable)	Date Requested	Phone Number
Street Address	Certification Requested: Yes _____ No _____	
City _____ State _____ Zip _____	Requester's Signature	
DESCRIPTION OF RECORDS REQUESTED:		

LIBRARY RESPONSE (REQUESTER DOES NOT FILL BELOW THIS LINE)	
A P P R O V E	<input type="checkbox"/> The documents requested are enclosed. <input type="checkbox"/> The documents will be made available upon payment of copying costs \$ _____ <input type="checkbox"/> You may inspect the records at _____ on the date of : _____
D E N I E D	<input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act, and we are unable to Negotiate a more reasonable request. <input type="checkbox"/> The material requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons: _____ _____ Individual(s) that determine request to be denied : _____ <hr/> <input type="checkbox"/> Request delayed, for the following reasons (in accordance with 3(d) of the FOIA): _____ You will be notified by the date of _____ as to action taken on your request.

The information required by this form is MANDATORY in order to comply with 5ILCS 1401/1. Failure to so provide may result in this form not being processed.

Board President	Date of Reply
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